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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	10 / 757046	
	Filing Date	1.14.04	
	First Named Inventor	FELBERG	
	Group Art Unit	3764	
	Examiner Name	—	
Total Number of Pages in This Submission		Attorney Docket Number	GOOMANE d101

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: LETTER ENCLOSED		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	MARC D. FELBERG
Signature	<i>MDF</i>
Date	5.26.04

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I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 5.26.04			
Typed or printed name	MARC D. FELBERG		
Signature	<i>MDF</i>	Date	5.26.04

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PTO/SB/82 (09-03)

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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/757046
Filing Date	1-14-04
First Named Inventor	FELBERG
Art Unit	3764
Examiner Name	—
Attorney Docket Number	GOODMARC d101

1-14-04

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☐ The address associated with  
Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	MARC D. FELBERG		
Address	c/o GOODMARC DESIGNS / TONNE GOODMAN		
Address	27 WEST 10 <sup>TH</sup> STREET #2		
City	NEW YORK CITY	State	NY.
Country	USA		
Telephone	917-345-3590	Fax	212-673-4864

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name	MARC D. FELBERG		
Signature	MR		
Date	5-26-04	Telephone	917-345-3590

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 4 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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05/19/2004 08:13 FAX



Dear officers,

5.20.04

I hereby request to revoke power of attorney in regards to

**Design patent # 29/ 192552 filed 10.24.03**

~~utility patent # 10/ 7,570,468 filed 11.14.04~~

The attorney we seek to revoke is:

Jonathan B. Schafrann Esq.  
2034 Quaker Ridge Road  
Croton-on-Hudson, NY. 10520

Registration # 29,849

And hereby request as new assignee,

~~Marc D. Felberg~~  
%/ Goodmarc Designs / Tonne Goodman  
27 west 10<sup>th</sup> street. # 2  
NYC.. NY 10011

Thank you for your immediate attention regarding this request for power of attorney revocation,

Marc Felberg,